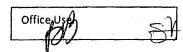


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		·
	Date: January 18, 2017		_
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C16	1310 & section chi	anged $\frac{7}{}$
2.			. '
	Make Saint Louis Safe		
	Name of Committee		
			()
	Committee Malling Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commissio	ners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) Debt Service Expl	oratory
3. Treasurer/Deputy Treasurer Information			
٠.			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Malling Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
		1	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Commisce of file (Walter Mary Bany)	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	AMENDMENT		
	Connected Organization 5 Name (if any)	Connected Organization's Mailing Address, Cl	ly, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	oack) 🗆 No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
5,	Candidate Supported or Opposed (candidate committees must include self, if candidate)		
		() Telephone Number (Candidate Committees O	. ()
	Name & Mailing Address, City, State & Zip of Candidate	Temprone Number (Cumulate Committees O	4197
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	Make Saint Louis Safe	4/4/2017; City of St. Louis	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all committees) I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate further acknowledge that lam aware that any false statement or declaration made herein is punishable under Ch. 575 I			
			to true and accurate 1
Committee Treason or Candidate (Candidate Committees Only)			

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are nmassocial ETHICS COMMISSION